MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

01496

Reg. Dist. No. 52

1. PLACE OF DEATH: Calvert

County Willows

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Calvert

City or town Nr. Plum Pt. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Anna Blanche Bowen

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1877

8. AGE: Years 71 Months Days If less than one day hrs. min.

9. Birthplace Willows, Calvert Co., Md. (Town, county, and state)

10. Usual occupation

11. Industry or business Domestic

FATHER 12. Name George F. Cranford

13. Birthplace Md

MOTHER 14. Maiden name Anna Mary Ward

15. Birthplace Md.

16. Informant Mrs Roger Gibson

Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb 22 49 (month) (day) (year)

Cemetery or crematory Emmanuel Cem.

Location Plum Point, Md

18. Funeral director W. H. Hutchins

Address Owings Md

19. Feb 20 1949 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1949, at 4 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/May 1946, to 2/15 1949 and that I last saw her alive on 2/15 1949

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address [illegible] Date signed 2/20/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01497

2411 N. Charles Street, Baltimore

199.1

CERTIFICATE OF DEATH

55 lbs

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: md
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake Beach, Rural.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Tersa (Middle) Brooks. (Last)

4. DATE OF DEATH: (Month) 2 – (Day) 12 – (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: may 29th

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic,

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Willows, Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Stephney

14. MOTHER'S MAIDEN NAME: Christanna Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dory Brooks.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ca Hip

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 19 48, to 2/12, 19 49, that I last saw the deceased alive on 2/10, 19 49, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2-15-49
NAME OF CEMETERY OR CREMATORY: St. Edmonds.
LOCATION (City, town, or county) (State): Calvert Co. md.

DATE REC'D BY LOCAL REG.: 2-15-49
REGISTRAR'S SIGNATURE: H. H. Hard

24. FUNERAL DIRECTOR: P.E. Sewell. ADDRESS: Prince Frederick,

RECEIVED
FEB 17 1949
BUREAU V. S.

01498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

490

CERTIFICATE OF DEATH

108 Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appeal — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appeal
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Silvester ~~Lester~~ (Last) Dawkins				4. DATE OF DEATH (Month) Feb (Day) 15 (Year) 1949			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov 4, 1948	9. AGE last birthday ___ yrs.	If under 1 year Months 2	Days 11	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Appeal Md			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Dawkins			14. MOTHER'S MAIDEN NAME Mary Catherine Dowell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Amanda Commodore				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. W. Ward	O. S. M. Z.	Owings	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-16-49	NAME OF CEMETERY OR CREMATORY St Johns	LOCATION (City, town, or county) Lusby, Md (State)
DATE REC'D BY LOCAL REG. 2-15-49	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR P. E. Sewell	ADDRESS Pr. Fred. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01499

331

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (in this place) 1 hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near; STREET ADDRESS (If rural give location) Huntingtown, Md
3. NAME OF DECEASED (Type or Print): (First) EDGAR (Middle) HENRY (Last) HALL	4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1949
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M	8. DATE OF BIRTH: Sept. 11, 1894	9. AGE last birthday: 54 yrs. If under 1 year: Months 5, Days 2, If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Calvert County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Henry Hall	14. MOTHER'S MAIDEN NAME: Sarah Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War II	16. SOCIAL SECURITY NO.: 216-18-6191	17. INFORMANT: Naomi C. Hall (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 2-13, 1949, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Edgar Hall (Degree or title) ADDRESS Prince Frederick DATE SIGNED 4/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: Feb. 16, 1949	NAME OF CEMETERY OR CREMATORY: Asbury	LOCATION (City, town, or county): Barstow, Md (State)	
DATE REC'D BY LOCAL REG. 2-15-49	REGISTRAR'S SIGNATURE: N. H. Ward	24. FUNERAL DIRECTOR: A. A. Harkness & Son	ADDRESS	

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01500

331

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Calvert; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Harmony; LENGTH OF STAY (in this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS:	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: md; COUNTY: Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Harmony Rural; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First) Louis	(Middle) Robert	(Last) Jacks.	4. DATE OF DEATH	(Month) 2	(Day) 19	(Year) 1949	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	C	Married	Dec. 17-1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		md	

13. FATHER'S NAME: Robert Jacks	14. MOTHER'S MAIDEN NAME: Bell Randall.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
	17. INFORMANT: Charlotte Jacks.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/4, 19 4[illegible], to 2/19, 19 49, that I last saw the deceased alive on 2/17, 19 49, and that death occurred at 1.0 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Hurlock Md DATE SIGNED 2/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-22-49	NAME OF CEMETERY OR CREMATORY Mt Hope	LOCATION (City, town, or county) Calvert,	(State) md
DATE REC'D BY LOCAL REG. 2-21-49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR P. E. Sewell	ADDRESS Prince Frederick	

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

490 108 01501

Reg. Dist. No. 5 1

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roberta	L	Johnson	Feb	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	Aug-1-1948	yrs.	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James F. Johnson	Nellie Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Lobar Pneumonia	
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 1948, to Feb 2 1949, that I last saw the deceased alive on Dec 1948, and that death occurred at Feb 2 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-4-49	Hall Creek	Calvert	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-4-49	H. M. Ward	P. T. Sewell	Prince Frederick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01502

177
51b

CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oliver; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LUTHER -	FRANKLIN -	JOY	February	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Nov. 27-1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B. Joy

14. MOTHER'S MAIDEN NAME: Henrietta F. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 220-07-57[illegible]

17. INFORMANT: Mrs. Gilbert Joy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Lobar Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept. 1947	Carcinoma Prostrate	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1948, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 28, 1949, and that death occurred at 9 45 A. m., from the causes and on the date stated above.

SIGNATURE E. L. Coster (Degree or title) M. D. ADDRESS Solomons, Md. DATE SIGNED 2/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/1/49	Oliver - M. E.	Oliver, Calvert Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/28/49	E. L. Coster	A. A. Harkness & Son - Mutual Md

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443 01503

93d

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY: CALVERT COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PRINCE FREDERICK — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROOMES ISLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CALVERT COUNTY HOSPITAL	STREET ADDRESS (If rural give location): CALVERT COUNTY, MD.

3. NAME OF DECEASED (Type or Print)	(First) JENNIE	(Middle)	(Last) LATIMER	4. DATE OF DEATH	(Month) FEB	(Day) 8	(Year) 1949
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: DEC. 31, 1875	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: MR. JOHN SEDWICK	14. MOTHER'S MAIDEN NAME: MISS ALICE LATIMER						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NO	17. INFORMANT: HUSBAND - MR. JAMES LATIMER					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia —

Antecedent cause(s) (b) Hypertension c.v.d.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Ca of pancreas (??)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R de Villarreal — ADDRESS — DATE SIGNED 2/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Feb. 11, 1949	NAME OF CEMETERY OR ~~CREMATORY~~: Christ Church	LOCATION (City, town, or county): Port Republic (State): Md
DATE REC'D BY LOCAL REG.: 2-10-49	REGISTRAR'S SIGNATURE: H. W. Ward	24. FUNERAL DIRECTOR: A. A. Harkness & Son	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

591 01504

CERTIFICATE OF DEATH

132 Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appeal
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appeal
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) FRANKLIN (Last) MILLING

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1949

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Aug. 17, 1872

9. AGE last birthday 76 yrs. If under 1 year: Months 5 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Milling

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT Clarence Milling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia. — Acute pyrephritis

Antecedent cause(s) (b) — Bright's disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1949, to Feb 1, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 3 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rdr Villarreal ADDRESS DATE SIGNED 2/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2/5/49

NAME OF CEMETERY ~~OR CREMATORY~~ St. Paul's M.E.

LOCATION (City, town, or county) Lusby, (State) Md

DATE REC'D BY LOCAL REG. 2-2-49

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS

RECEIVED
FEB 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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151

CERTIFICATE OF DEATH

461

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	BENJAMIN	MISTER	Feb.	7,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Sept. 2, 1914	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumbing		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Mister	Cathlinie Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-22-0262	Irene Mister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 15 49	Carcinoma of Stomach	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 10, 19 48, to Feb 7, 19 49, that I last saw the deceased alive on Feb 2, 19 49, and that death occurred at 12 o'clock noon m., from the causes and on the date stated above.

SIGNATURE Page Jett (Degree or title) ADDRESS DATE SIGNED 2/8/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	Feb. 10, 1949	Asbury	Barstow	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-8-49	H. W. Hart	A. A. Harkness & Son	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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93 2

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Solomons - Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (In this place) 9 mos
~~HOSPITAL~~ OR ~~INSTITUTION~~ OR STREET ADDRESS Solomons. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons. Md.
STREET ADDRESS "C" (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Benton (Last) Young
4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1949

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 1 - 1871
9. AGE last birthday 77 yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - retired
10b. KIND OF BUSINESS OR INDUSTRY Soft drink
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. T. B. Young (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) senile degeneration — 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/4, 1948, to 2/9, 1949, that I last saw the deceased alive on 2/9, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. E. S. Coster ADDRESS Solomons, Maryland DATE SIGNED 2/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 12, 1949
NAME OF CEMETERY OR CREMATORY Prospect Hill.
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 2/10/49
REGISTRAR'S SIGNATURE Dr. E. S. Coster
24. FUNERAL DIRECTOR ADDRESS C. A. Harkness & Son

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.